Working Towards Smoke Free Policy

The policy seeks to support compliance with the Smoke free regulations and legislation made under the Health Act 2006, Health & Safety at Work legislation and Employment Law, and to comply with NICE guidance NG209

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Target audience:	All staff

Type of Policy	Clinical	Non Clinical **X**

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Draft Version 2.1	July 2014	
Draft Version 2.5	August 2014	
Draft Version 2.8	September 2014	Additional ecig information, recharging safely, amendment to searching item in Section 6
Draft version 2.9	September 2015	Revised to reflect developments led by the Smoke Free Action Group
Draft version 2.11	October 2015	Revised following input from Smoke Free Action Group
2.12	February 2016	Final Draft
3.1	September 2017	Brings together the developments since 2016
4.0	March 2019	Complete re-write of the policy
4.0	May 2021	Policy extended for one year. At present this policy is only partially being fulfilled due to the constraints of the Pandemic. CQC have been advised and are fully aware of the situation. Return to full compliance with the policy is part of the DMH Triple R plans for inpatients and will be rolled out over the remainder of 2021.
4.1	September 2023	Removal of Covid arrangements for wards and all wards now only allowing e-cigarettes/ vaping in line with policy. Name change to reflect service users smoking currently within hospital grounds.
4.2	October 2023	NICE Guidance references updated – full review due in 2024

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Dr Sue Elcock	Medical Director
Helen Perfect	Head of Adult Mental Health Services Crisis & Liaison
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Michelle Churchard-Smith	Deputy Director of Nursing and Quality

Circulated to the following individuals for comment

Name	Designation
Members of the Smoke Free LPT Group	
Members of the Clinical Effectiveness	

Group	

For further information contact:
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Definitions that apply to this Policy

Peripatetic staff	Peripatetic staff are employees who are required to visit premises away from a Trust work base whilst undertaking their duties and responsibilities.
Peripatetic working responsibilities	Peripatetic working relates to employees who are required to visit premises away from a Trust work base whilst undertaking their duties and responsibilities
Stakeholder	This refers to other groups / individuals, who may be affected by this policy, e.g. visitors, contractors
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Electronic cigarettes/vaping	Electronic cigarettes are neither electronic nor cigarettes. They are nicotine delivery products which are battery-powered (with an in-built battery) and contain either single use or replaceable cartridges that contain pharmacy grade nicotine, food grade flavourings, propylene glycol and/or vegetable glycol. As the cartridges come in different concentrations of nicotine it is possible to reduce nicotine use as well as maintain current nicotine consumption. Vaping refers to the action of using these nicotine delivery products. It differs from smoking in that no smoke is produced For the purpose of this policy, all Electronic Nicotine Delivery Systems (ENDS) or vaporising devices for consuming nicotine will be referred to as e-cigarettes. The products available on the market are all currently unlicensed. However, producers must submit information about their products to Medicines and Healthcare Regulatory Authority (MHRA) via a European Common Entry Gate (EU-CEG) notification portal
Specialist smoking cessation services	Local smoking cessation services are available to all staff and service users. Details are available at; Leicester City Stop Smoking Services http://www.stopsmokingleic.co.uk/

	Leicestershire County Council Stop Smoking Services www.quitready.co.uk 0345 646 6666 The service offers support in various settings, such as pharmacies, GPs, and community clinics, and a range of interventions, depending on the person's needs and preferences. These interventions can go from providing information and guided self-help, brief counselling interventions, group support, face to face support, telephone support or longer, more intensive, clinical interventions by highly trained specialists. It is envisaged that more intensive support will be needed for people with mental health problems wishing to stop smoking.
Complete abstinence	Smokers who are motivated to stop smoking and are willing to work with a smoking cessation advisor to achieve lasting abstinence.
Temporary abstinence	Smokers who need NRT (and / or e-cigarettes), to manage the symptoms of nicotine withdrawal for the duration of an admission but do not wish to quit smoking in the longer term.
Harm Reduction	This refers to the practice of switching to a substance or behaviour that reduces risks rather than eliminating them. Interventions aimed at reducing the harms associated with smoking, especially with people unable to commit to abstinence by: • Ensuring they know that licensed nicotine-containing products (such as nicotine patches, gum, or spray) make it easier to cut down prior to stopping, or to reduce the amount they smoke. • Advise service users that they can continue to use licensed nicotine-containing products in the long term, rather than risk relapsing after they have stopped, or reduced their smoking

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act

2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

Due Regard

The Working Towards Smoke Free Policy discharges responsibilities under legislation and protects the health of staff, clients and service users. It also complies with NICE guidance and promotes healthier lifestyle choices.

LPT must have due regard to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

The Due Regard Assessment template is Appendix 5 of this document.

1.0.   Purpose of the Policy

The purpose of this policy is to:

- Comply with smoke free legislation which makes it an offence to smoke inside public buildings and in work vehicles.
- Comply with Health & Safety legislation and ensure people who do not smoke are not exposed to smoke in trust services.
- Protect the health of staff.
- Protect the health of service users, visitors and contractors.
- Inform staff and managers of their responsibilities in respect of the policy.
- Support smokers to quit or to switch to a reduced-harm nicotine product.
- Support service users and visitors in complying with the policy in line with all national guidance. The Trust currently promotes service users not smoking in hospital grounds however due to ensuring service users safety and are working towards smoking in designated areas within hospital grounds.
- Provide guidance and direction to the range of support that need to be considered to help service users as well as staff quit smoking.
- Promote the culture of a smoke free Health Service, as part of the Making Every Contact Count Programme.

2.0.   Summary and Key Points

Leicestershire Partnership NHS Trust (the "Trust") has a responsibility for the maintenance, and where possible improvement of, the health of its service users and staff, and acknowledges that smoking is a public health hazard and welfare issue proven to cause ill health.

The policy sets out the Trust's organisational arrangements to comply with the smoke free regulations and legislation made under the Health Act 2006, the NICE NG209 guidance on smoke free NHS sites and the 2017 Tobacco Control Plan.

The policy applies to all staff, including bank and agency workers, to service users, visitors, volunteers, contractors, students, trainees and other persons visiting Trust owned and operated premises.

A strategic aim for the NHS is to reduce the prevalence of smoking in people with mental health conditions, which is currently 40% compared to 14% in the general population of England.

2.1 The NHS 10 Year Plan supports a three action approach to smoking.

2.1.1 First, the NHS will make a significant new contribution to making England a smoke-free society, by supporting people in contact with NHS services to quit based on a proven model implemented in Canada. By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

2.1.2 Second, the model will also be adapted for expectant mothers and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.

2.1.3 Third, a new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health and in learning disability services as follows:

- Ensure that all service users have adequate support to abstain from or seek help to stop smoking while using Trust services, including the option to switch to e-cigarettes whilst in inpatient settings.
- Promote a healthy working and treatment environment and protect the current and future health of staff, service users, volunteers, contractors and visitors by ensuring that it is smoke-free.
- Working towards protecting the right of everyone to breathe air free from tobacco smoke, in and around Trust buildings, grounds and property.
- Provide advice and guidance for staff and managers in enabling smokers to abstain temporarily or in the longer term stop smoking.
- Provide advice and guidance for staff and managers in services working with people who smoke in their own homes.
- Raise awareness of the dangers associated with exposure to tobacco smoke.
- Guarantee a healthy working environment (including vehicles), free from tobacco smoke and e-cigarette vapour to safeguard the health of staff, service users, volunteers, contractors and visitors.
- Provide advice and guidance for staff and managers in the management of smoking related risks in Trust operated and owned properties.
- Provide advice and guidance for staff and managers to reduce the risk of smoking activity related fires in Trust owned or operated properties.
- Comply with the Health Bill, Health & Safety Legislation and Employment Law and Regulatory Reform Order.
- Raise awareness of the dangers associated with exposure to tobacco smoke.

3.0   Scope

This policy applies to:

- All persons present in or on any of the Trust grounds and premises.
- All staff working in or on any of the Trust grounds and premises.
- Staff working in or on any grounds or premises where they are sharing the use of those grounds and premises with other organisations.
- All persons travelling in Trust owned vehicles (including lease cars) whilst on official business.
- Privately owned vehicles parked on Trust grounds or when transporting service users, carers or visitors on official Trust business**.**

This policy aims to ensure:

- People receiving care from the Trust condition are empowered to make informed decisions regarding tobacco use.
- Staff working in all Trust Services see reducing smoking among service users as part of their core role.
- Staff should be encouraged to quit smoking and actively supported when engaged in smoking cessation.

Accordingly, all staff with clinical roles should:

- Ask service users about their smoking status and be able to instigate a quit attempt or enable access to nicotine replacement therapy (NRT) or other treatments.
- Be trained to facilitate a quit attempt or help a service user manage a sustained period of abstinence. In practice, whether a service user is willing to commit to an episode of abstinence (e.g. during an inpatient admission) or is aiming for long term abstinence, the initial steps are the same.
- Smoking cessation will be included as part of the standard treatment for physical and mental health   conditions. This requires the systematic recording of the smoking status of all service users before or at referral or admission and subsequent identification of treatment goal.

3.1   Related Documents

This policy should be read in conjunction with the following Trust documents:

- Checking and Searching Policy
- Fire Safety Management Policy
- PDG for the supply and administration of nicotine replacement therapies (NRT)
- Standard Operating Procedure (SOP) for vaping in in-patient areas (where applicable)

3.2   Legal Requirements

Section 2(2) of the Health and Safety at Work Act 1974 places a duty on employers to provide a workplace that is, as far as is practicable: 'safe, without risks to health and adequate as regards facilities and arrangements for their welfare at work.'

The Health Act (2006) introduced the legal requirement for smoke free premises across England, intended to remove second-hand smoke from enclosed workplaces and public places.

This prohibits smoking tobacco:

- In places of work;
- In places that the public access to obtain goods and services, including private clubs;
- In other places designed by statutory instrument.

4.0   Helping People Stop Smoking

4.1   Withdrawal Management in Inpatient Settings

The challenge many smokers will encounter on admission to inpatient services is that they will be obliged to stop smoking for the duration of their stay. This will often be in the context of high levels of nicotine dependence, with associated acute nicotine withdrawal symptoms. Withdrawal effects can occur within 30 minutes of nicotine deprivation and peak at 12 hours. Withdrawal effects are clustered around craving and negative affect (e.g. dysphoria, anxiety, irritability). The inpatient population are a priority as they sometimes abruptly, and sometimes involuntarily, enter a smoke free environment. Harm reduction e.g. reducing frequency of smoking in advance of a quit attempt, or temporary abstinence whilst an inpatient or in residential care, is also viewed as a valid and valued approach, as outlined in NICE Guidelines QS82 and QS207.

The Care Quality Commission's (CQC) fundamental standards include:

- Staff aware of and compliant with local Trust policy, including knowing their own role in promoting smoking cessation and reducing tobacco related harms.
- All frontline staff need to be trained to deliver advice around stopping smoking and referral to smoking cessation services.
- Be confident to engage with and talk to people in a sensitive manner about the risks of smoking, the benefits of quitting, which include requiring less medication, increased engagement in therapeutic and recovery focused activities, improved health and mood and financial saving.

4.2   Smoking by Users of Community Based Services

This policy promotes the engagement of service users in smoking cessation at the earliest possible opportunity. In practice this will be at the first contact or when an appointment is offered. Service users who are smokers should be advised that:

a)   Smoking is a precursor or contributory factor to many common mental health or physical health problems
b)   Effective help is available to enable them to quit.
c)   Existing users of nicotine will be required to declare their nicotine replacement therapy choice. This will be recorded in their clinical records.

5.0   Roles and Responsibilities

5.1   The Trust

The Trust will ensure that:

- Staff, patients, visitors and contractors are made aware of the working towards smoke free policy.
- Resources are available to ensure effective implementation.

In addition:

- The Smoking Cessation Lead will have responsibility for reporting on the progress of the LPT smoking cessation programme to the Trust Clinical Effectiveness Group.
- The chair of the Working Towards Smoke Free Group will have responsibility for monitoring compliance with this Policy.

5.2   Directorates

The Medical Director will hold ultimate responsibility for the implementation of the Smoking Cessation Policy across the Trust, delegating implementation to the Smoke Free Action Group, and through their nominated directorate representatives.

5.3   Team Managers

Team Managers must:
- Ensure access to smoking cessation advice is provided for all service users who decide to quit smoking.
- Promote access within their services and ensure service users and staff are aware of all smoking cessation pathways and options to quit.
- Ensure that staff are fully supported in promoting smoking cessation with service users and other staff. This includes addressing non-compliant smoking in a sensitive and therapeutic manner.
- Comply fully with the policy and provide a suitable role model for staff and patients.
- Ensure that smoking cessation training is promoted, attended and translated into practice in the workplace.
- Ensure adequate quantities of nicotine replacement therapies are available in services that supply medicines directly to service users.
- Ensure that facilitating 'smoking breaks', purchasing tobacco for service users or other mechanisms of supporting smoking for service users are not permitted.
- Ensure that patient information regarding the relationship between smoking and illness (both physical and mental) is available in patient areas.
- Ensure that information on smoking cessation and medication interactions is available in all clinical areas.
- Ensure that information on nicotine replacement therapies (NRT), e-cigarettes and the Trust policy is accessible to all inpatients.
- Ensure that 'Smoke Free' signs and information on accessing local Smoking Cessation Services are placed in their building.
- Ensure that information on the working towards smoke free policy is readily available to staff, service users and visitors in their building.

5.4   Crisis Services and Liaison Staff

All liaison and crisis team assessments should include an assessment of smoking behaviour (See Appendix 1).

All service users being admitted to inpatient services must be made aware of the policy on tobacco use prior to admission.

Users should additionally be made aware that the Trust offers nicotine replacement therapy to all service users, including those who continue to smoke.

Provision of this information is the responsibility of:

a) Ward staff for service users/ families and carers as part of admission.
b) The liaison team for mental health if a service user is being admitted via Accident and Emergency (A&E).
c) The crisis team for mental health or learning disabilities/ autism if the service user is being admitted by the team from their own home.
d) The AMHP if the service user is being admitted via Mental Health Act assessment in the community.

5.5   Inpatient Staff

All staff will be responsible for supporting service users to abstain from smoking, explaining the policy and rationale and promoting the benefits of becoming smoke free. This will be supported by smoking cessation colleagues.

Staff must not purchase tobacco products for service users in any setting. However, for service users within inpatient settings they should offer NRT, e-cigarettes and /or facilitate their purchase of e-cigarettes.

Section 17 leave will not be used to primarily support smoking off ward and staff should promote service users not smoking in hospital grounds or only within designated areas .

Cigarettes and lighters are prohibited items that should be removed and either disposed of or returned to the service user at discharge. If found on the ward, or in the course of searches (see 'Trust Check and Search' Policy), these items will be removed and kept in safe keeping by the ward clinical team and then returned as part of leave or discharge arrangements.

Registered nurses will have their medicines management competency reviewed every 2 years as part of their competency assessment process.

Nurses assessed as competent in using the protocol for NRT, will supply a limited range of NRT to service users on admission.

Medical colleagues will have full access to Trust formulary and will manage ongoing prescribing following this initial administration.

5.6   Community Staff

All community healthcare staff are responsible for assessing a service users' smoking status, and re-assessing smoking status at every available opportunity. Staff are expected to provide motivational interviewing to initiate a quit attempt and offer very brief advice and signposting to local smoking cessation services. Staff will ensure they update the smoking status on the service users care plan and risk assessment and document any NRT requests if an admission to an inpatient unit is required.

If a service user expresses little or no motivation to change their smoking behaviour less frequent advice can be given, but the clinician needs to be mindful of changes in motivation or readiness to change.

All staff must ensure that all service users who wish to stop smoking are advised of smoking cessation support available.

Clinical staff must ensure that service users are aware of the need to adjust medication if required on smoking cessation, and this is reflected within individuals' care plan (see Prescribing Guidelines for Smoking Cessation).

5.7   All Staff

Staff must take responsibility for promoting a smoke free culture at work and a healthy lifestyle. All staff will be responsible for addressing smoking in restricted areas and working with service users to engage them to support adherence to the policy on any Trust premises.

Healthcare Professionals are important role models in promoting healthy lifestyles and behaviours to patients, their families and carers: especially children. It is not acceptable, therefore, for staff to be seen smoking whilst on duty or overtly recognisable as a member of staff (for example, when in uniform, or wearing identification, or handling Trust business).

Workers who choose to smoke also expose colleagues, patients and others to the health risks and unpleasant smells associated with smoking. Staff seen/smelt to be smokers, makes it difficult to enforce a Smoke Free Policy for patients/carers.

According to McCullagh (2012); staff who smoke, on average, take six 10-minute smoke breaks each day, which equates to an hour of lost productivity per smoker per day or five hours per week. The additional smoking breaks are often resented by non-smoking colleagues, which can cause tension between staff and lower morale.

It is recognised that the Trust cannot force staff members to stop smoking altogether. However, it is a requirement that staff refrain from smoking whilst on duty and/or whilst overtly recognisable as working for the Trust.

Staff are not permitted to smoke within any of the buildings and grounds owned or utilised by the Trust. If staff wish to smoke this is only permitted during official break times; provided entitlement is not exceeded.

Therefore the following applies:
- European Working Time Directive allows, where staff work for longer than six hours, a break of a minimum of 20 minutes in total. All staff are encouraged to take a break, accordingly.
- Staff are not entitled to any additional 'smoking breaks' over and above their entitlement under the European Working Time Directive/rostered break time.
- In health and social care workplaces, breaks are taken in a manner consistent with maintaining safe staff levels and managing risk.

From 1 June 2019, where staff smoke on Trust utilised grounds, or when recognisable as a member of staff, this may constitute a breach of the Working Towards Smoke Free Policy and will be addressed through recourse to the Conduct Policy or Procedure for Maintaining High Professional Standards Policy.

For non-medical staff, a first breach of the policy may involve an informal discussion in accordance with the Conduct Policy and a discussion regarding whether support is required to stop smoking. Any further breaches will involve formal action in line with the Conduct policy.

For Medical staff, breaches of the policy may be addressed informally in the first instance with support being offered to quit and then in line with the Maintaining High Professional Standards Policy.

Staff are expected to report any incidences of breaches of this policy. If safe to do so by initially advising the smokers, of the Working Towards Smoke Free Policy and their obligations not to smoke, if they do not feel confident to approach the smoker, they should report the breach to their line manager or alternative appropriate Senior Manager.

If staff wish to try to stop smoking, the Trust will offer support to help them achieve this which includes allowing staff to attend stop smoking services for a maximum total of 3 working hours without loss of pay, e.g. an initial 30 minute assessment with weekly 15 minute follow up appointments. Line Managers can support staff to take time to call the telephone LLR Quit Ready Service, which provides the initial assessment and weekly follow ups.

Any further interventions required within their employment may be taken as TOIL or annual leave at a time that meets the needs of the service.

5.8   Human Resources Department

Job advertisements should include the statement that Leicestershire Partnership NHS Trust is a smoke free Trust. Staff are expected to promote the smoke free message when they are employed by the Trust.

Details of this policy and support available for smokers should be routinely covered in an employee's induction. Information about the Trust's working towards smoke free status will be available in service user information, in all recruitment literature and job offers, and in departmental safety policies and on the Trust website.

5.9   Smokers in the Community

All service users should have a care plan detailing:

i.   Smoking status, quantity smoked per day.
ii   Motivation to quit should be explored.
iii   A record of acceptance or refusal of contact with a smoking cessation advisor, and the local advisor's details. If a nicotine dependent service user refuses contact with a smoking cessation advisor, the process for re-offering to engage them with a smoking cessation advisor should be recorded.
iv   If a service user chooses to use an e-cigarette for reduction or cessation, this should be recorded, advice on safe use should be provided
v   If attempting reduction/cessation, a plan to engage the service user in activities to distract them from cravings should be included.
vi   To support relapse prevention, coordination of smoking cessation service provision should occur in the transition between care settings. At the point of transfer from a hospital or crisis setting, the care coordinator should check that a referral to smoking cessation service has been made.
vii   Nicotine Replacement Therapy Advance Directive: Care plan should state NRT choice of patient if admitted.

6.0   Facilitated Smoking

Staff are prohibited from facilitating smoking for service users. This includes:

- The purchase of tobacco for service user.

- Permitting smoking to occur on Trust sites.
- Facilitating 'smoking breaks' either on or off Trust premises.
- Facilitating smoking during escorted leave from Trust premises, including Section 17 leave and other therapeutic activities and groups in the community; however, staff may direct the service user to designated smoking areas.

Section 17 leave will not be used to primarily support smoking off ward.

Escorted Section 17 leave activities should be planned with service users in advance, and service users should be made aware of the terms of the Working Towards Smoke Free policy prior to granting leave.

For extended periods of leave, typically entailing an overnight absence from the inpatient unit, tobacco products must be returned to the ward clinical team. Service users should be reminded that any tobacco brought back after the leave will be taken and stored until the next break or discharge.

Service users will be asked to refrain from smoking during escorted home visits. Services users are requested not to smoke when staff are present and they are carrying out their duties

7.0 Communication Strategy in Relation to This Policy

'No Smoking' signs which clearly state that it is against Trust policy to smoke in the building or grounds that are not designated smoking areas, will be displayed throughout the Trust premises and grounds.

Contracts with external organisations must contain the following clause: Leicestershire Partnership Trust is working towards being a Smoke Free Trust. Smoking is not permitted on any Trust premises or in its grounds, other than designated areas. All contractors must fully comply with this policy.

7.1 Information for Service Users

Information on the following should be available to service users in all clinical areas:
- The effects of smoking on physical and mental health
- The Trust policy on managing nicotine dependence
- The support available to service users who smoke

8.0 Nicotine Replacement Therapy (NRT)

Nicotine dependence is a substance use disorder, which can be safely and effectively medically managed using nicotine replacement therapies, irrespective of intent to quit smoking.

8.1 Provision of NRT

Inpatient nursing staff assessed as competent in using the relevant protocol are able to supply a limited range of NRT (including e-cigarettes) to patients at the point of admission, without a prescription. This will ensure patients admitted out of hours are rapidly supported in managing potential nicotine withdrawal on admission to smoke free sites. Please see the current prescribing guidelines and protocol. The medical team are responsible for ensuring that all smokers have adequate levels of NRT prescribed to meet their dependency needs throughout their admission.

8.2 Restricting Tobacco Access

Restricting tobacco access, possession of tobacco products and tobacco paraphernalia by service users will not be permitted on inpatient units.

Service users in residential care settings or using community or crisis services will not be prohibited from possessing tobacco products or paraphernalia, but must not smoke within the building or grounds, unless in a designated area.

Patients will be permitted to store up to two (for example one carton of cigarettes and one pouch of tobacco) tobacco products and one lighter in a secure place on the ward (this is usually the nursing office but may differ for other areas), they will be expected to collect this prior to utilising leave and then return it to nursing staff immediately on their return to the ward. If patients purchase any new tobacco products whilst utilising leave then they will be expected to hand this in to nursing staff to be kept with other products. If patients have more than one lighter in their possession on admission then these will be kept for a maximum of 72 hours to allow for them to be collected and after this time they will be disposed of. Lighters must be stored in a metal container on an inpatient ward.

Visitors to Trust sites will be provided with information on the policy and its rationale and encouraged not to bring tobacco onto the premises.

8.3   Mental State Monitoring During Smoking Cessation

A minority of people who stop smoking may experience a temporary dip in mood, irrespective of the presence or absence of pre-existing mental illness. Inpatients and service users in crisis should have their mental state reviewed on a daily basis.

Service users in community teams should be supported by and receive additional support from their LLR Smoking Cessation service provider.

9.0   E-cigarettes

E-cigarettes offer less known immediate risk of harm to users, and the vapour released does not cause a passive exposure risk, However, the vapour can be intrusive, especially to non- smokers and non-vapers, and needs to be restricted especially in indoor communal areas. As a general principle, the onus is on the vaper to seek permission to vape and ensure that they are not adversely affecting the immediate environment of fellow service users and staff. If a service user appears to not fully appreciate the impact of their vaping the onus is on staff to suggest alternative locations.

In support of efforts to promote the use of e-cigarettes as an alternative to tobacco, leaflets should be provided to all service users admitted to inpatient sites as part of the welcome pack.

- Information on e-cigarettes should be provided to all service users in Trust
- Information on e-cigarettes should be made available to all community service users who smoke
- Service users who choose to use e-cigarettes must not be excluded from receiving support from smoking cessation.

9.1   E-cigarette Use in Inpatient Settings

A SOP for use of e-cigs is available for each ward depending on risk and may include the following information:

- E-cigarettes can be used in designated areas of grounds or gardens. These areas can be identified at local and site level with the participation of service users and their representatives. For infection, prevention and control reasons, and to avoid diversion of nicotine delivery products, patients should not share e-cigarettes
- Both disposable and rechargeable devices of this type are permitted, however for rechargeable devices the protocols described in the SOP confirm these arrangements and must be followed to manage the risks associated with charging
- **Spent e-cigarettes and their cartridges should be disposed of via e-cigarette recycling boxes.**
- In the absence of a recycling box, disposable e-cigarettes, and any discarded batteries from the rechargeable type devices should be disposed of via the battery recycling box
- In the absence of a recycling box, spent cartridges from rechargeable type devices should be disposed of via the *yellow sharps bin*.
- Devices which are not easily identified as either a disposable or re-chargeable e-cigarettes, are not permitted for use.

9.2   Managing Charging Risks in Inpatient Settings

The following protocols should be used to manage the risks associated with e-cigarette charging:

- All E-cigarettes units to be the subject of a visual inspection when being brought on to the ward to ensure that the unit is in good electrical condition (no visible wires, plugs secure) and being used with the correct associated charger i.e.: not a phone charger unit.
- Chargers must be held by nursing staff and charging must be supervised in the appropriate ward based metal charging cabinets
- To prevent chargers being confused, each charger must be labelled with the patient's name
- Check and follow the instructions for each individual brand of e-cigarette. Only use the battery and charger which comes with the e-cigarette

When re-charging of patients' devices is carried out on site, the permissible place for re-charging will be in the provided secure lockers, dedicated for re-charging small portable devices. These must be sited in staff access areas only. A 2kg CO_2 extinguisher should be sited within 10m of the locker. The lockers must only contain the e-cigarette and its' charger during the time of re-charge as determined by the SOP for the ward.

Staff must be aware that where fires have been started as a result of the re-charging of an e-cigarette, the cause has normally been one or more of the following and every effort should be made to minimise the likelihood of such arising:

- Incorrect charger is used
- Products are charged in excess of the period of time detailed in the instructions
- The re-chargeable battery is over-tightened
- There is a defect in the battery

9.3   E-cigarette Use in Community Services

Users of Trust Community Services such as the Involvement Centre, or METT Centre are not permitted to use e-cigarettes in any indoor spaces of Trust property. E-cigarettes can be used in outside spaces such as gardens or patios where available, although the views and preferences of non-smoking service users should be carefully considered. In all cases Health and Safety policy should be adhered to with advice from advisers sought as needed.

10.0   Building Concordance With Service Users

Smoking is an addiction and therefore resistant to self-control. When service users contravene the Working Towards Smoke Free Policy this is likely to reflect either: a) compulsion (craving for a tobacco/nicotine), b) negative feelings associated with nicotine deprivation or c) negative emotions that would previously have been a cue for smoking as a means of "self-medication". These factors can interact and combine to drive the pursuit of smoking regardless of the sanctions. If a service user is found to be smoking covertly this is an opportunity to engage in a therapeutic dialogue that can identify the triggers (e.g. nicotine withdrawal symptoms or craving; negative emotions; boredom; stress.

Smoking also poses a risk of harm to the health and safety of staff and other service users, and all staff should address any service users smoking in areas where it is not permitted using the following protocols. If the smoking incident has been inside a Trust building, and/or resulted in potential second-hand smoke exposure to staff or service users an eIRF should be completed.

Asking someone to stop doing something is a potential source of conflict, which requires careful management. The 'Policy and Guidance on the Prevention and Management of Violence and Aggression describes the processes and principles that should be used to support service users when managing policy breaches.

The 'Positive Behavioural Support (PBS)' framework' described in the PMVA policy acknowledges challenging behaviours as resulting from a 'combination of unmet needs, poor quality of life and exposure to challenging environments'. Identifying the triggers for illicit smoking should therefore be a priority if policy breaches occur. In the event of policy breaches, follow the following protocol:

- Engage the service user in a conversation about the reasons they were unable to refrain from smoking
- Remind the service user of the benefits of smoking cessation or temporary restraint and the reasons for the smoke free policy.
- Review the pre-admission smoking behaviour of the service user to establish their level of nicotine dependence.
- Consider whether current NRT prescription is adequately managing their dependence and ask the patient if they feel cravings.
- Offer an e-cigarette or facilitate the acquisition of one.
- Medical staff to review NRT dose if required.
- Review the level of engagement in activities, encourage engagement in 1-1 and/or current ward-based group activities to distract from any cravings and access competing rewarding activities and experiences.

Tobacco products, and tobacco paraphernalia are prohibited items for service users on inpatient units. The presence of illicit tobacco should be monitored, and their removal facilitated using the principles and protocols defined in the Checking and Searching Policy. Staff must also immediately remove any items found being used as inappropriate ashtrays such as cigarette packets, drink cans, cups, plates etc. All searches and inappropriate ashtray incidents should be recorded on an eIRF.

11.0   Working With Service Users Who Smoke in Their Homes

When care is offered to service users of the Trust in their own home, it is essential that a request be made to provide a smoke free environment whilst the visit is taking place, and in the hour preceding a visit.

This request should be made in the text of all appointment letters, wherever possible. A verbal request and provision of the leaflet can be accessed from the Trust website.

This request can also be made at the time of the visit and the service user should be respectfully asked not to smoke whilst the employee is working within that environment.

All staff visiting or treating service users in their own homes are entitled to the same level of protection as those working in Trust facilities, and staff should assure themselves as to their own safety when working in the service users home environment.

If a member of staff believes that smoking that recent (i.e. within the past two hours) or current smoking is evident in a patient's home she/he has the full support of the Trust to make decisions about services in these circumstances. Each case should be judged on individual circumstances and staff should seek support in decision making around these issues with their manager. Specifically:

- They have the discretion to make alternative arrangements for the provision of services, ensuring that the immediate safety and welfare of the patient is not compromised.
- Should minimise their exposure to ambient smoke by either re-arranging the visit with the proviso that the service user refrains from smoking for at least an hour prior or finding a smoke-free location near the home. At the next available opportunity, the service user should be offered support to stop smoking, either on an episodic basis prior to any visit, or a more permanent basis.
- Provision of care to service users who decline to provide a smoke-free environment for staff should be reviewed within the clinical team to evaluate the options available to balance the duty of care, and the protection of staff. The decision making process should be documented in the patients care plan

12.0   Incident Reporting

Smoking related incidents, in particular those that involve the following are to be reported using the Trusts incident reporting system

- People smoking in areas that are in breach of the Health Act (2006)
- If a violent or aggressive incident occurs that is related to smoking or nicotine withdrawal
- Where a restrictive intervention is required in a smoking related incident
- Where any patient safety issue has occurred, such as an accidental fire attributed to smoking.

13.0   Smoking and Tobacco Control in the Workplace

The Trust actively encourages its employees to refrain from smoking, both in their own interests and as representatives of a major public body, whose purpose is to improve health. The Health Bill 2006 introduced the legal requirement for smoke free premises across England.

Smoking is not permitted anywhere in the buildings or only in designated areas in the grounds of any Trust owned or managed site. Specific requirements are:

- Staff do not smoke whilst on or off duty anywhere on any Trust owned or operated premises. This also applies to all workers, employees of contractors working on site, members of voluntary organisations and to students undertaking training. Additionally, staff must not smoke whilst travelling in a Trust vehicle or while working for the Trust in the community including in service users' homes.
- Staff wishing to reduce or stop smoking will be supported to attend Occupational Health or the Stop Smoking Service nearest to their workplace during their normal working hours for advice and treatment
- Staff will not smoke anywhere whilst wearing a uniform or badge that identifies them as an NHS or Trust employee, or as an employee of a Trust sub-contracted agency.
- Staff will not smoke within visibility of Trust sites or premises at any time.
- Staff should not smell of tobacco smoke after smoking at any point during their working hours, including at the start of their shift.
- Trust staff and staff employed by sub-contracted agencies are not permitted to use
- e-cigarettes on Trust premises.
- Staff are not permitted to smoke when accompanying service users outside of Trust premises.
- All inpatient staff with responsibility for clinical care, of all disciplines, will be required to complete brief training in management of nicotine dependence, which will be provided on site by a member of the practice development nurse team.
- Service users are asked to provide a smoke free environment when Trust staff are visiting them in their homes, by refraining from smoking inside the premises whilst the visit is taking place and in the two hours preceding a visit. Staff should assure themselves as to their own safety when working in the service users' home environment. They should leave the premises if the smoking related risk is deemed to be too high.

All visitors have responsibilities to:

- Observe working towards smoke free policies and to refrain from smoking whilst on Trust premises. This includes all visitors who attend the Trust's premises either on business or to accompany or visit relatives or friends who are service users.

13.1   Regulations and Actions

It is a criminal offence for anyone to sell, transport or possess illegal tobacco products. Penalties for such offences may include imprisonment and/or fines including fines of up to £5000 for any manager allowing their premises to be used for such activities.

The selling/storing and dealing in any way of illegal cigarettes and tobacco on Trust premises will not be tolerated.

The Trust will fully co-operate with Law Enforcement agencies, such as HM Revenue and Customs, in their investigations. Any such illegal activity will be considered as gross misconduct and will result in appropriate disciplinary action.

13.2   Managing risks associated with smoking activity

Staff should remove themselves from any smoke filled location. Such occurrences should be reported immediately using the Trust incident reporting system, and to the appropriate manager. If illicit smoking has been inside a Trust building, and/or resulted in potential second-hand smoke exposure to staff or service users, an eIRF (incident) form should be completed. Staff reporting

breaches of the policy should use the following Cause Groups to report on the Trusts incident reporting system

Cause Group: Security
Cause: Unauthorised Smoking

13.3 Co-operation and Co-ordination with Landlords Housing Associations and Charities

Some of the properties in which Trust staff work are owned by third parties such as NHS Property Services. The risk of smoking related fires is common to all organisations who work within residential health care provision. The management team on site, with the assistance of the Health and Safety manager, should seek to coordinate the risk control measures across all organisations. Measures may include the review of tenancy agreement to specify that smoking actively is restricted to designated smoking areas only and that a formal appropriate warning system will be operated for those unable to comply.

13.4 Fire Detection and Fire Fighting Equipment

All firefighting and detection systems must be serviced and maintained in full working order at all times regardless of ownership. Details of all servicing of fire detection and firefighting equipment is to be recorded in the onsite logbook. Any issues relating to the maintenance of such equipment that cannot be resolved locally are to be notified to the Fire Safety Assurance Officer.

13.5 Vaping/e-cigarette Risk Assessment

At each ward a vaping/e-cigarette risk assessment should be completed. This risk assessment should identify the fire and passive smoking risks from smoking and clearly set out the control measures that are to be implemented at the site to reduce the risks. A generic risk assessment is provided in Appendix x for information purposes. The Health and Safety Compliance Team is available to assist staff with this action.

13.6 Dissemination and Implementation Arrangements

This document will be circulated to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. It will be available to all staff via the Trust intranet. Managers will ensure that all staff are briefed on its contents and on what it means for them.

13.7 Training Requirements

For training requirements please refer to the Trust's Mandatory Training Policy in relation to fire safety management.

In addition, staff working in inpatient services are required to undertake additional fire marshal training to act as a control measure for service user's smoking activities.

The Ward Manager must ensure that regular fire evacuation drills are held on site (a drill is required every 12 months). The details of the drill are to be recorded in the site fire log.

All services need to have enough trained fire warden staff available on shift to deal with a fire emergency. It is recommended that all clinical staff attend the fire co-ordinator training course.

Appendix 1

WORKING TOWARDS SMOKE FREE CARE PATHWAY FOR COMMUNITY SERVICE USERS.

At first contact provide all service users with written and verbal information of the Trusts Working Towards Smoke Free Policy (give service user Trust Smoke Free Leaflet)

ASK

Do you smoke or are you a recent or ex-smoker?

Check ex-smokers are confident with maintaining their quit at present

YES ← | → **NO**

ADVISE:
- **Ex-smokers that support is available if needed to help remain smoke free.**
- **The best thing you can do is stop for good and we can arrange help for you to try.**
- **Explain the effect on some medications and stress levels.**
- **I can arrange help for you to try and stop, would you like me to do that?**

Reinforce the benefits of being smoke free and ensure service user is not exposed to second hand smoke

Offer of support

Offer of support is accepted

Refer to the stop smoking for provision of pharmacotherapy and intensive behavioural support and document.

If service user relapses re-enter pathway at the ADVICE box.

Reassure that they are not under pressure to stop but reiterate they will not be able to smoke while in hospital, or take lighters or matches into hospital and that Nicotine Replacement Therapy (NRT) can be provided to help manage their nicotine dependence whilst an in patient. Document and encourage completion of Advanced Statement of Wishes regarding NRT preference if admitted to the ward. Lighters and matches are not allowed on our wards and this must be made explicitly clear.

ENSURE RISK ASSESSMENT AND CARE PLAN WHICH CLEARLY DOCUMENT SMOKING STATUS.

ENSURE SMOKING STATUS IS ASKED AT EACH CARE REVIEW.

Appendix 2   **Smoke-free care pathway for in-patients**

Action 1

At first contact provide all patients with written and verbal information of the Trust's Working Towards Smoke free Policy

Action 2

Implement 3A's
ASK
ACT
ADVISE

Action 3

YES →

ASK and Record
Do you smoke or are you a recent or ex-smoker?
Check ex-smokers are confident with maintaining their quit at present

→ NO

Action 4

Commence Nicotine Management plan with short term supply of Nicotine Replacement Therapy (NRT) following the protocol. Once NRT given to good effect, and patient is more settled continue with 3 A's

Reinforce the benefits of being Smoke free and ensure patient is not exposed to second hand smoke
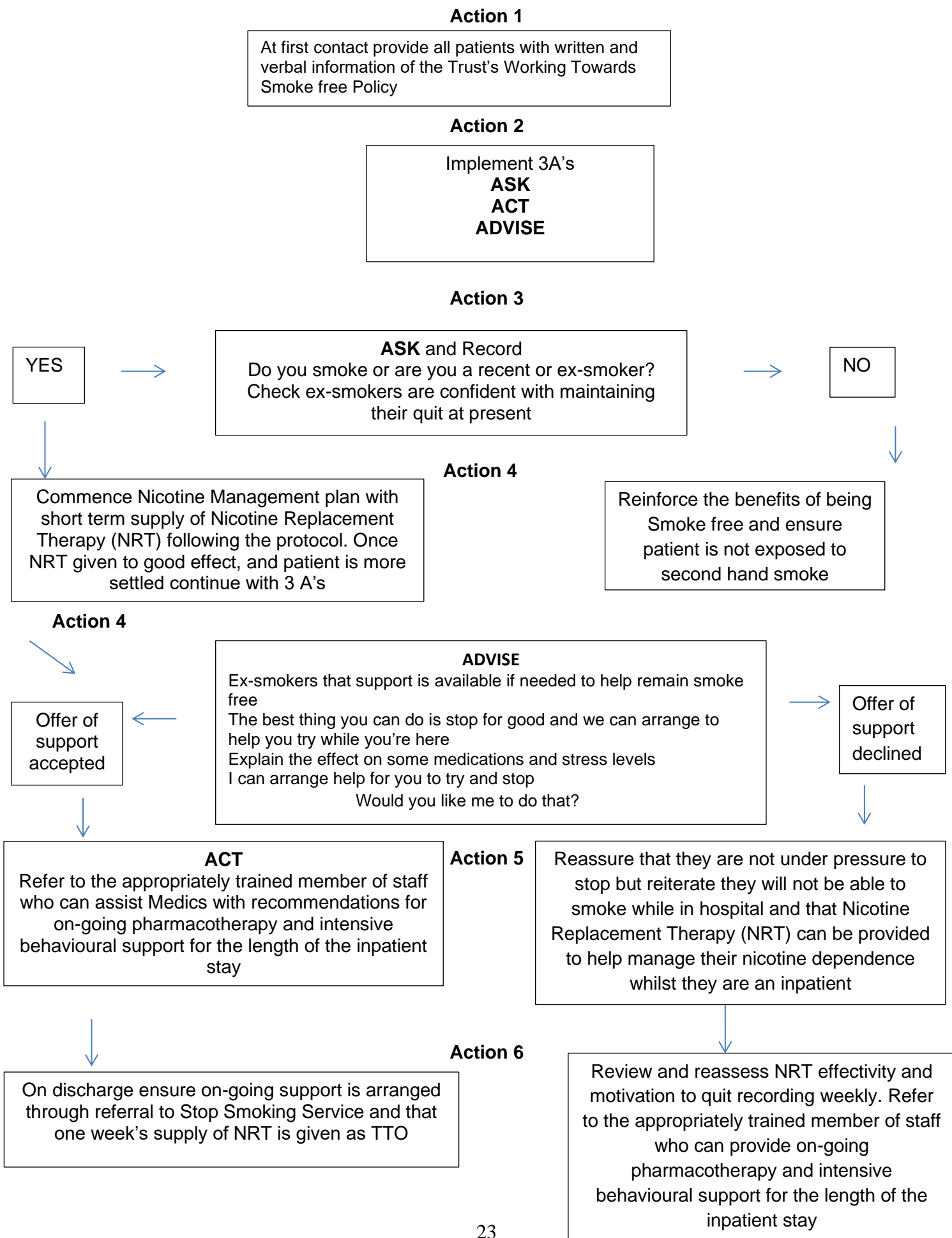
Action 4

Offer of support accepted ←

ADVISE
Ex-smokers that support is available if needed to help remain smoke free
The best thing you can do is stop for good and we can arrange to help you try while you're here
Explain the effect on some medications and stress levels
I can arrange help for you to try and stop
Would you like me to do that?

→ Offer of support declined

ACT
Refer to the appropriately trained member of staff who can assist Medics with recommendations for on-going pharmacotherapy and intensive behavioural support for the length of the inpatient stay

Action 5

Reassure that they are not under pressure to stop but reiterate they will not be able to smoke while in hospital and that Nicotine Replacement Therapy (NRT) can be provided to help manage their nicotine dependence whilst they are an inpatient

Action 6

On discharge ensure on-going support is arranged through referral to Stop Smoking Service and that one week's supply of NRT is given as TTO

Review and reassess NRT effectivity and motivation to quit recording weekly. Refer to the appropriately trained member of staff who can provide on-going pharmacotherapy and intensive behavioural support for the length of the inpatient stay

Policy Monitoring Section

Criteria Number & Name (if applicable):

Where applicable duties outlined in the policy will be evidenced through monitoring of the other minimum requirements.

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.

(please add as many lines as required)

Reference	Minimum Requirements to be monitored	Evidence for self assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	Effectiveness of the policy in terms of evidence of patients smoking on inpatient wards	Whether patients are smoking on the wards	Discussion with ward leads	Smoke free action group	6 monthly for the first year then annually

An explanation of the requirements is as follows:
Reference standard where applicable.
Minimum Requirements to be monitored –For all other policies these will have to be determined by the policy owner.
Evidence for self assessment – the paragraph references and page numbers for the minimum requirements within the policy.
Process for monitoring – how the minimum requirement will be monitored eg audit.
Responsible Individual / Group – usually a group; who is responsible for monitoring the minimum requirements.
Frequency of monitoring- how often the monitoring should be reviewed

Appendix 4

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Working Towards Smoke Free Policy
Type of training:	➢ Fire Training as dictated in the Fire Management Policy ➢ Training for staff in understanding what NRT is available for inpatients ➢ Medics to have access to Trust formulary for prescribing the initial requirements
Division(s) to which the training is applicable:	Mandatory Fire Training
Staff groups who require the training:	All staff relevant to their role via mandatory training programme
Update requirement:	Annual
Who is responsible for delivery of this training?	E-learning and face to face via the Fire Safety Assurance Officer
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	On u-Learn
How is this training going to be monitored?	

Appendix 5

<h2 style="text-align:center">Due Regard Screening Template</h2>

Section 1	
Name of activity/proposal	Fire Safety Management
Date Screening commenced	May 2018
Directorate / Service carrying out the Assessment	Health and Safety Compliance Team
Name and role of person undertaking this Due Regard (Equality Analysis)	Paul Dickens, Fire Safety Assurance officer
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To minimise the incidence of fire throughout all premises provided by, or on behalf of Leicestershire Partnership Trust. To minimise the impact of such occurrence on life safety, the delivery of patient care, the environment and property. To provide a clearly defined management structure for the delivery, control and monitoring of fire safety measures, enabling it to be shared across the organisation.	
OBJECTIVES: To provide clear and concise direction on management structure and responsibilities regarding fire safety	
PURPOSE: To provide an unambiguous statement of fire safety policy and guidance in respect of management of fire safety within LPT. It applies wherever LPT owes a duty of care to service users, staff and other individuals. It ensures that suitable and sufficient governance and assurance arrangements are in place to manage fire-related matters and demonstrates due diligence.	

Section 2		
Protected Characteristic	**Could the proposal have a positive impact Yes or No (give details)**	**Could the proposal have a negative impact Yes or No (give details)**
Age	No	No
Disability	No	No
Gender reassignment	No	No
Marriage and Civil Partnership	No	No
Pregnancy and Maternity	No	No
Race	No	No
Religion and Belief	No	No
Sex	No	No
Sexual Orientation	No	No
Other equality groups?		

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
<s>Yes</s>		**No**	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	

Section 4	
It this proposal is low risk please give evidence or justification for how you reached this decision:	

Sign off that this proposal is low risk and does not require a full Equality Analysis:
Head of Service Signed: Bernadette Keavney   **Date**: 25 February 2019

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.

The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	☐
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	☑
Support and value its staff	☐
Work together with others to ensure a seamless service for patients	☑
Help keep people healthy and work to reduce health inequalities	☐
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☑

Appendix 7

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessments (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Working Towards Smoke Free Policy		
Completed by:	Bernadette Keavney		
Job title	Head of Trust Health and Safety Compliance	**Date**	

	Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	**No**
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.	**No**
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	**No**
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**No**
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	**No**
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	**No**
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	**No**
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**

If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786
Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.

IG Manager approval name:	
Date of approval	

Acknowledgement: Princess Alexandra Hospital NHS Trust